



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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COMMISSION ON GOVERNMENTAL ETHICS COMMIS

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

Name		Member of:
William T BROW	ONB	House Senate
Mailing address 793 WEBEN	PONO POAD	District 58
City, zip code		Phone
VASSALBOED, ME	04989	622-3096
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employe principal type of economic activity of each emp	r from whom you received compensation ployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
Mine SATE (ETIEMON)	AUGUSTA	RETIRED PARCHEL BENEFIE
STATE of MAine	Augusta	LEGIS LATURE
	ME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.) less, if any, and list the major areas of ed ship, firm, professional association, or simil	conomic activity from which you ar business entity, list the major
(For L A. List the name and address of your busin derived income. If associated with a partners areas of economic activity of that entity. Name and Address of Business Entity	egislators who are self-employed.) less, if any, and list the major areas of ed	conomic activity from which you
(For LA) A. List the name and address of your busing derived income. If associated with a partners areas of economic activity of that entity.	egislators who are self-employed.) less, if any, and list the major areas of echip, firm, professional association, or simil Major Areas of Economic Activity	conomic activity from which you ar business entity, list the major Major Areas of Economic Activity (partnership, association or similar

PART 2 (continue	d). INCOME DERIVED FROM SE (For Legislators who are self-employed.)	LF-EMPLOYMEN	F - p - 3
B. List each source of income derived from self- is greater, and specify the principal type of econo disclosure is prohibited by law, rule, or an establ the entity or person from whom the income was	omic activity of the entity or person fro lished code of professional ethics, spe	m whom you derived	such income. If this form of
Name and Add	dress of Source	Activ	incipal Type of Economic vity of Entity or Person Who the Source of the Income
Name:			
	and the state of t	The state of the s	· · · · · · · · · · · · · · · · · · ·
Name: Address:			
	RT 3. MAJOR AREAS OF PRACTOR Legislators who are attorneys-at-law on		
List your major areas of practice. If associated w	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name and Address of F	irm Majo	r Areas of Practice (self)	Major Areas of Practice (firm)
Name: Address:		Barrier Barrier	# W.
Name:			
Address:	STA OTHER COMPOSE OF NO		
List each source of income of \$1,000 or more no	RT 4. OTHER SOURCES OF INC	eligina rengenganta keran basa sa laar 6 maa 2,700.	If none check the box
□ None			1000 TW (
Name and Ado	dress of Source	a di	Kind of Income vestments, leases, etc.)
Name: NATANVIS GOLF COW Address: WEDDER PL RC	IST	R	y Air My
Address: WEDBER RC	A STATE OF THE STA		4170017
Name: UATODAL BOND ME	7 04989	A STATE OF THE STA	
Address:	ta.	- :	
P/	ART 5. REPORȚABLE LIABILITI	ES	
List the names of creditors for any <u>unsecured</u> los areas of economic activity of each creditor. Do n	ans of \$3,000 or more that you received list loans from a relative. If none, c	ed during the reportine heck the box	ng period, and list the major
Vone			Copie s symmetric distribution and the second secon
Name and Add	lress of Creditor	Pri	ncipal Type of Economic Activity of Creditor
Name:			
Address:		,	
Name:			
Address:			
	PART 6. REPORTABLE GIFTS		
List the specific source of each gift of more than none, check the box.	\$300. Include gifts with an aggregate	value of more than \$	300 from a single source. If
None Name of Source of City	and the second section of the second section of the second section of the second section section section sections.		of OM
Name of Source of Gift 1.	: 3.	Name of Source	OF GIT
2.	4.	one the first control of the second of the s	The second section is a second of the second

DARTZ DEPOSTABLE			and the second of the second o
PART 7. REPORTABLE			<u>- 경우 - 원생님 김선생교육의 의</u>
List the source of any honoraria accepted for appearances or speeches rel	ated to	your or	ficial duties. If none, check the box.
Name of Source of Honoraria	Tayon .	N	lame of Source of Honoraria
The second of th		m amana	attle or source of reported to the source of reported to the source of t
3.	-	en e	
2. 4.			
PART 8. REPRESENTATION BEFO	ORE ST	ΑŢΕ	AGENCIES
List each executive branch agency before which you represented or assisthe box.	ted oth	ers for	compensation of any amount. If none, check
None		790Ce4	
			Name of Agency
1. 3.			
2. 4.	SPY/WC-28//ASSESSMM		
PART 9. BUSINESS WITH S		200. 3.	****
List each executive branch agency to which you or a member of your immes \$1,000 during the reporting period. If none, check the box.	ediate fa	ımily so	old goods or services with a value in excess of
None		'A 2018/2' Et 40	1
Name of Agency			Name of Agency
1. 3.			
2. 4.	**************************************		
PART 10. INCOME RECEIVED BY MEMB			正記して「後ょう」
List the type of economic activity representing each source of income of source (ren) during the reporting period and the kind of income represented. Do not "D" for income received by dependents.	ot inclu	de gifts	c received by your spouse or dependent child c. Circle "S" for income received by spouse or
Type of Economic Activity Representing Source of Income Received	Circle appropriate Kir letter		kind of Income
1. TEACHER RETIREMENT	(s) D	Extern RETIREMENT
			DENEFIT
2.	S	D	·
3.	S	D	
4.	S	D	and the second s
SIGNATURE			
A Legislator who willfully fails to file a required statement is subject to	a fine	of \$1	O per husiness day until the report is fled
(1 M.R.S.A. § 1017-A)	, a mie	OI WI	o per business day unui the report is filed.
The intentional filing of a false statement is a Class E crime. If the Co willfully filed a false statement, it shall refer its findings of fact to the Attor	mmissi ney Ge	on con neral.	icludes that it appears that a Legislator has
If the Commission determines that a Legislator has willfully failed to file a	require	ed state	ement or has willfully filed a falsé statement,
the Legislator shall be presumed to have a conflict of interest on ever question in committee or in either branch of the Legislature, and shall	ery que. I not ai	stion a ttempt	and shall be precluded from voting on any to influence the outcome of any question
(1 M.R.S.A. § 1019)	-		t and the state of any quotient.
Willes & Be		,] ,	4/00
Signature		((Date

NAME:		DATE:	
ADDRESS:			
	ADDITIO	NAL INFORMATION	
Please provide any additional information you are providing.	nformation below (and on add	ditional sheets if needed). Indi	cate the part or section number for the
Part/Section Number			
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